

The Government of the District of Columbia Office of the Chief Financial Officer Office of Tax and Revenue

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DISCLAIMER

- Form changes presented in this presentation and supporting documentation are subject to change pending District of Columbia legislation and/or Congressional approval.
- Timely notification will be provided via the NACTP and/or other Listservs and publications.

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Business Tax Update for Tax Year 2015 What's New

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- Estate Tax Returns are required to have a Federal
- Employer Identification Number (FEIN)

Individual Income Tax What's New

Filing Deadline TY 2015

The filing deadline for the Tax Year 2015 income tax return is April 18, 2016. The District of Columbia observes Emancipation Day on Friday, April 15 when April 16 is a Saturday. This makes Monday, April 18, 2016 the due date for filing income tax returns for Tax Year 2015.

Individual Income Tax Return

What's New-

Provision for Fiscal Year filer option is now available on both D-40 and D-40EZ; consistent with DC Code 47-1805.03 (a)

***	Government of the District of Columbia Tax period ending (MMYY)	D-40 Individual Income Tax Return	1 5 0 4 0 0 1 1 0 0 0 0
You	ersonal information ur telephone number		Fill in if: Filing an amended return. See Instructions. OFFICIAL USE ON Fill in if: Filing for a deceased taxpayer See Instructions. Vendor ID#0
	our social security number (SSN)	and Date of Birth (MMDDYYYY)	Spouse's/registered domestic partner's SSN and Date of Birth (MMDDYYYY)
<u> </u>			
Yo Yo	our first name	M.I. Last name	
UPPER			
	ouse's/registered domestic partner's first	name M.I. Last name	
2			
DOCUMENTS IN	me address (number, street and sulte/ap	artment number If applicable)	
8			
OTHER			
5			
STAPLE	у		State Zip Code +4

	40EZ Income Ta Single and Join h No Dependen	
Personal information		Filing status: Single, Married filing jointly, Registered domestic partners filing
Your telephone number		Dependent claimed by someone else Fill in if amended r
Your social security number (SSN) and I	ate of Birth (MMDDYYYY)	Spouse's/registered domestic partner's SSN and Date of Birth (MMDDYYYY)
Your first name	M.I. Last name	
Spouse's/registered domestic partner's first name	M.I. Last name	
Home address (number, street and sulte/apartmen	number if applicable)	OFFICIAL USE ONLY
		Vendor ID#0000
City		State ZIp Code +4

New Filing Status Added Qualifying Widow(er) with Dependent Child

D-40-Individual Income Tax Return (Page 1)

The following filing status has been added on the D-40 based on legislation:

✓ Qualifying widow(er) with dependent child

Γ	Filing status	Single, Married filing jointly, Married filing separately, Dependent claimed by someone else
	1 Fill in only one:	Married filing separately on same return Enter combined amounts for Lines 4–42. See instructions.
Æ		Registered domestic partners filing jointly or filing separately on same return
HERE		Head of household. Enter qualifying dependent and/or non-dependent information on Schedule S.
EMENTS		Qualifying widow(er) with dependent child Enter qualifying dependent information on Schedule S.
ATEM	2 Fill in if you are:	Part-year resident in DC from (month) to (month); number of months in DC See instructions.
_		

Individual Income Tax Returns TY 2015 Individual Income

The standard deduction has increased to \$5,200 for single, married/registered domestic partners filing separately or a dependent.

The standard deduction has increased to \$6,500 for head of household.

The standard deduction has increased to \$8,350 for married/registered domestic partner filing jointly, married filing separately on the same return, or qualifying widow(er) with dependent child.

The exemption amount has increased to \$1,775*

Phase-out of exemption amount:	
D-40 PAGE 2	
Enter your last name.	
Enter your SSN. 1 5 0 4	0 0 1 2 0 0 0 0
15 Deduction type. Take the same type as you took on your federal return. Fill in which type: Standard or Itemized See Instructions for amount to enter on Une 16.	
16 DC deduction amount. Do not copy from federal return. For amount to enter, see instructions.	16 \$.00
17 Number of exemptions. If more than 1 (more than 2 if filling jointly), or if you or your 17	
spouse/registered domestic partner are over 65 or bilind, attach a completed Calculation G, Schedule S. 18 Exemption amount. *Multiply \$1,775 by number on line 17. Part-year DC residents see Calculation E in Inductions.	18 \$ 00
*If AGI is greater than \$150,000, see instructions on page 27.	9.5
19 Add Lines 16 and 18.	20 \$ 00
20 DC taxable income. Subtract Line 19 from Line 14. Enter result. Fill in it loss	20 5
DC tax, credits and payments	00
21 Tax. If Line 20 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in Instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S.	21 \$
22 Credit for child and dependent care expenses 5 .00 X .32 Enter result >	22 \$
From federal Form 2441; If part-year DC resident, from Line 5, DC Form 2441	0
23 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U.	23 \$
0.4 0.0 1 0 0	24 \$ 00

*The amount of the personal exemption otherwise allowable for the taxable year in the case of an individual whose adjusted gross income exceeds \$150,000 shall be reduced by 2% for every \$2,500 (or fraction thereof) by which the taxpayer's adjusted gross income for the taxable year exceeds \$150,000. No amount of personal exemption shall be available for an adjusted gross income in excess of \$275,000.

Individual Income Tax Returns TY 2015 Individual Income

New Tax Rates

The tax rates for individuals for tax years beginning after 12/31/2014 are:

If the taxable income is: The tax is:

Not > \$ 10,000 4% of the taxable income.

\$\$ 10,000 \le \$ 40,000 \$400, plus 6% of the excess over \$10,000.

\$\$ 40,000 \le \$ 60,000 \$2,200, plus 7% of the excess over \$ 40,000.

>\$ 60,000 \leq \$ 350,000 \$3,600, plus 8.5% of the excess over \$ 60,000.

>\$ 350,000 \$ 28,250, plus 8.95% of the excess above \$ 350,000.

DC Earned Income Tax Credit

The District has changed the formula for determining the Earned Income Tax Credit for childless workers.

- Taxpayers with a qualifying child who claim the federal EITC may still claim a DC EITC of 40% of the federal credit. However, the formula for determining the DC EITC for childless workers has changed. Taxpayers without a qualifying child must now use the "DC Earned Income Tax Credit Worksheet for Filers Without a Qualifying Child" to determine the amount of the credit. The two worksheets have been added to the 2015 D-40EZ D-40 Booklet.
- The DC EITC must be prorated according to the time of residency for part-year residents.

District of Columbia Earned Income Tax Credit (EITC) Worksheet For Filers Without A Qualifying Child

This worksheet is for taxpayers who do not have a qualifying child for the Earned Income Credit. If you have a qualifying child DO NOT USE THIS WORKSHEET.

If your earned income or federal adjusted gross income (fed AGI) is greater than \$24,040



YOU CANNOT CLAIM THIS CREDIT

Section A: General Eligibility for the DC Childless Worker EITC.

If you qualified for the federal Earned Income Credit, go directly to Section B, below. If you did not qualify for the federal Earned Income Credit, answer these questions:

- Were you, or your spouse/registered domestic partner if married filing jointly, or married filing separately on the same return, at least age 25, but not age 65 at the end of 2015? (born after December 31, 1950, and before January 2, 1991). If your spouse died in 2015 or if you are preparing a return for someone who died in 2015, see IRS Pub. 596 before you answer. If YES continue. If NO, STOP, you cannot claim the EITC.
- Do you, and your spouse/registered domestic partner (if filing on the same tax return) have a social security number that allows you to work, or is valid for EITC purposes? (See the federal tax return instruction booklet for more information.) If YES, continue.
- If you answer YES to any of the following questions, STOP, you are not eligible for the EITC. If you can answer NO to all the questions, go to step 4.
 - a. Is the filing status on your DC return "Married Filing separately"?
 - b. If you are unmarried, can you be claimed as a dependent on someone else's 2015 tax return, or are you someone else's qualifying child?
 - c. If you are married, and you are not filing with your spouse, can you be claimed as a dependent on someone else's 2015 tax return, or are you someone else's qualifying child?
 - d. On your federal return are you filing form 2555, or 2555EZ?
 - Is your investment income more than \$3400? (Investment income includes: taxable interest, tax-exempt interest, ordinary dividends and capital gains more than \$0)
 - f. Did you file form 4797 with your federal return?
 - g. Did you file Schedule E with your federal return?
 - h. Did you have income from the rental of personal property not used in trade or business on your federal return?
 - Did you elect to report child's interest and dividends on your federal return?
 - j. Are you a qualifying child of another person for the Earned Income Credit?

- 4. Were you or your spouse a nonresident alien for any part of 2015? If NO, continue. If YES, see the special rule. Special Rule for nonresident Aliens. If you are not married, and were a non-resident alien for any part of the year, STOP, you do not qualify for the EITC. If you were married, and both spouses were nonresident aliens for any part of the tax year, STOP, you do not qualify for the EITC. If only one spouse was a nonresident alien for any part of the year, you cannot claim the EITC unless your federal filing status is married filing jointly.
- 5. If you had income or loss from a passive activity, see IRS Pub. 596 to see if you can claim the EITC.

SECTION B: Calculating Your Earned Income

(For Individuals without federal Schedule SE, Schedule C, Schedule C-EZ, and who were not members of the clergy or statutory employees)

This worksheet is for taxpayers without a qualifying child only. If you claimed the federal EITC on a 1040, 1040A, or 1040EZ, DO NOT USE THIS WORKSHEET to figure out your earned income. Report the earned income amount derived from the federal worksheet used to make your federal EITC claim on your 1040, 1040A, or 1040EZ.

If you were self-employed at any time in 2015, or are filing federal Schedule SE because you were a member of the clergy or had church employee income, or are filing federal Schedule C or C-EZ as a statutory employee, <u>DO NOT USE THIS WORKSHEET</u> to figure out your earned income. See special instructions below.

1.	Enter the amount of your wages, salaries, tips, etc., (from federal Form 1040, 1040A, or 1040EZ)	
2.	Enter any amount included on Line 1, that is a taxable scholarship or fellowship grant not reported on a Form W-2	
3.	Enter any amount included on Line 1, for work performed while an inmate in a penal institution	
4.	Enter any amount included on Line 1 that you received as a pension or annuity from a nonqualified deferred compensation plan or nongovernmental section 457 plan. This amount may be shown in box 11 of Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount received	
5.	Enter any amount included on Line 1, that is a Medicaid waiver payment you exclude from income	
6.	Add Lines 2, 3, 4, and 56.	
7.	Subtract Line 6 from Line 1	
8.	Enter all of your nontaxable combat pay if you elect to include it in earned income	
9.	Add Lines 7 and 8. This is your earned income9.	

Special instructions for Members of the Clergy, Statutory employees and those filing Schedule SE, Schedule C, or Schedule C-EZ. See IRS 1040 instruction, Worksheet B. Use the amount on line 4b as your earned income. (Ignore line 5). Clergy and Church employees take note of special instructions.

SECTION C: Figuring your DC Earned Income Credit

Note: This Earned Income Credit Worksheet is for filers without a qualifying child only. If you are a filer with a qualifying child , DO NOT USE THIS WORKSHEET.

If your earned income or federal adjusted gross income (fed AGI) is greater than \$24,040, STOP, you cannot claim this credit.

1.	Enter your earned income from the Earned Income Worksheet	
	If earned income is less than \$6,580, multiply the amount by .0765, otherwise enter \$503. \$503 is the maximum amount that can be claimed. This is your tentative EITC amount based on your earned income.	
	Complete the Lines below to determine the actual EITC amount	
3.	Enter your federal adjusted gross income (from Form 1040, 1040A or 1040EZ) 3.	
4.	Enter the higher of Line 1 or Line 34.	
5.	If Line 4 is less than \$18,111, enter the amount from Line 2. This is your actual EITC. If you are a part-year resident, you must prorate the credit attributable to the time of your DC residency. Enter this amount on Form D-40EZ, Line 13e or Form D-40, Line 27e	
6.	If Line 4 is between \$18,111 and \$24,040 subtract \$18,111 from the amount on Line 4, enter result6.	
7.	Multiply the amount on Line 6 by 0.0848, enter result7.	
8.	Subtract line 7 from Line 2, enter result here. If less than zero, enter zero. If you are a part-year resident, you must prorate the credit attributable to the time of your DC residency. This is your actual EITC.	

Enter this amount on Form D-40EZ, Line 13e, or Form D-40, Line 27e.............. 8.

D-40-Individual Income Tax Return (Page 2)

D-40, Lines 27-27e; D-40EZ, Lines 13-13e. The District has changed the formula for determining <u>Earned Income Tax</u> <u>Credit for childless workers</u>.

D-40 PAGE 2	
Enter your last name.	
Enter your SSN.	1 5 0 4 0 0 1 2 0 0 0 0
15 Deduction type. Take the same type as you took on your federal is	al return. Fill in which type:
 Standard or Itemized See instructions for amount 	16
16 DC deduction amount. Do not copy from federal return. For an	amount to enter, see instructions.
17 Number of exemptions. If more than 1 (more than 2 if filling to spouse/registered domestic partner are over 65 or blind, attach a co	
18 Exemption amount. Multiply \$1,775 by number on line 17. Par	
19 Add Lines 16 and 18.	19 \$
20 DC taxable income. Subtract Line 19 from Line 14. Enter result	sult. Fill in if loss 20 S
DC tax, credits and payments	
21 Tax. If Line 20 is \$100,000 or less, use fax tables to find the tax, if Fill in if filling separately on same return. Complete Ca	
22 Credit for child and dependent care expenses	.00 X .32 Enter result > 22
From federal Form 2441; if part-year DC resident, from Line 5, DC Fo.	
23 Non-refundable credits from DC Schedule U, Part 1a, L	
24 DC Low Income Credit. Use Calc. LIC/EITC to see If LIC or EITC	
24a Enter the number of exemptions claimed on your federa	
25 Total post-rerundable credits. Add Lines 22, 23 and 24.	25 00
25 Total tax. Subtract Line 25 from Line 21. If Line 21 is less than I	
27 DC Earned Income Tax Credit Leave blank if you took Line 2	0.75
27a Enter the number of qualified EITC children.	270 Ellia valliku lilosiik alliosiik
27c For filers with qualifying children. Enter federal EIC	
27e For filers without qualifying children. See Instructions for	
28 Property Tax Credit. From your DC Schedule H; attach a copy.	,
29 Refundable credits from DC Schodule U, Part 1b, Line	
30 DC income tax withheld shown on Forms W-2 and 1099. Attack	0.00
31 2015 estimated income tax payments and amount app	pprice from 2014 retain.
32 Tax paid with extension of time to file or with original re	
33 Total payments and refundable credits. Add Lines 27d or 2	
Refund — Complete If Line 33 is more than Line 26	AMOUNT OWED — Complete if Line 33 is equal to or less than Line 26
34 Amount you overpaid 34 Subtract Une 26 from Une 33	00 41 Tax due subtract Line 41 00 33 from Line 26
35 Amount to be applied to your 2016 estimated tax	00 42 Contribution amount 42 00 00
36 Penalty See Instructions 36	00 43a Penalty 00
Fill in the oval if Form D-2210 is attached	43b Interest 00
37 Underpayment Interest 37 S	OO Enter total P & I A 3
38 Refund Subtract sum of Lines 38 35,36 and 37 from Line 34	OO Fill in the oval if Form D-2210 is attached
39 Contribution amount tom School, U, Part II, Line 5	00
Can not axceed refund amt. on Line 38	44 Underpayment Interest 44 00
Put additional amt. on Line 42	45 Total amount due 45 00
40 Net refund Subtract 40 Unio 39 from Line 38 Will this refund request or amount owed	ed go to or come from an account outside the U.S.? Yes No See instructions.
	rogram limitations, see instructions or visit our website ot.dc.gov/refundprepaidcards.
Mark one refund choice: Direct deposit Tax refun	fund card Paper check
Direct Deposit. To have your refund deposited to your checking OR	R savings account, fill in oval and enter bank routing and account numbers. See instructions.

DC Low Income Credit

- Pursuant to recent legislation, part-year residents must now prorate the Low Income Credit attributable to the time of residing in DC.
- Also, the credit is not allowable if your net federal adjusted gross income exceeds the federal minimum income tax filing requirements. Net federal adjusted gross income means federal adjusted gross income less:
 - taxable refunds, credits, or offsets of state and local income tax;
 - tax-exempt municipal bond interest income; and
 - federal taxable amount of social security or tier 1 railroad retirement income.

Phase-out of first-time DC Homebuyer Credit

• This 5-year \$2,000 credit for certain DC government employees who purchased their first principal residence in DC after October 1, 2007, and who are enrolled in the Employer Assisted Housing Program (EAHP) offered by the DC Department of Housing and Community Development, is being phased out. The credit shall not apply to a home purchase with a settlement date after March 30, 2015.

D-40-Individual Income Tax Return (Page 1)

Formerly Line 11- The up to \$3000 exclusion from federal AGI of military, DC, or federal retirement payments of retirees 62 years or older is repealed for TYBA 12/31/14.

Line 11 is now DC and federal government survivor benefits.

DING ST	Inc	Complete your federal return first – me Information				ion on DC Schedulo	e S •	
OTHER WITHHOLDING	a	Wages, salaries, unemployment compensation and/or see instructions.	tips, a	\$			00	
R WIT	b		ill in if loss O b	\$			00	
ОТНЕ	С	Capital gain (or loss).	ill in if loss C	\$.00	
ANY	d	Rental real estate, royalties, partnerships, etc.	ill in if loss d	\$			00	
SAN	Cor	nputation of DC Gross and Adjusted Gross Income	2					
STAPLE W-2s AND	3	Federal adjusted gross income. From adjusted gross income Forms 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ	e lines on Federal	Fill in if loss	3			.00
ST	Ado	litions to DC Income						
	4	Franchise tax deducted on federal forms, see instructions.			4			00
	5	Other additions from DC Schedule I, Calculation A,	Line 8.		5			00
	6	Add Lines 3, 4 and 5.		Fill in if loss	6			00
	Sub	tractions from DC Income						
	7	Part year residents, enter income received during pe	riod of nonresid	ence, see instructions.	7			00
	8	Taxable refunds, credits or offsets of state and local	income tax.		8			00
	9	Taxable amount of social security and tier 1 railroad	retirement		9			00
	10	Income reported and taxed this year on a DC franch	ise or fiduciary	return.	10	\$		00
L	11	DC and federal government survivor benefits, see instru	ctions.		11			00
	12	Other subtractions from DC Schedule I, Calculation	B, Line 16.		12			00
	13	Total subtractions from DC income, Lines 7-12.			13			
	14	DC adjusted gross income, Line 6 minus Line 13.		Fill in if loss	14	\$		00

D-40-Individual Income Tax Return (Page 2)

'Underpayment Penalty' is now 'Underpayment Interest'

D-40 PAGE 2 Enter your last name.				_
				u in m
Enter your SSN.		1 3 0	40012000	
	he same type as you took on your fed			
Standard or	Itemized See Instructions for		16 8	00
	. Do not copy from federal return. F	•	100	
	 If more than 1 (more than 2 if fill partner are over 65 or blind, attach 	ing jointly), or if you or your 17 a completed Calculation G, Schedule S.		
		7. Part-year DC residents see Calculation E in Instruction	ms. 18 S	.00
19 Add Lines 16 and 18.			19 8	.00
20 DC taxable income. s	ubtract Line 19 from Line 14. Enter	result. Fill in if less	20 \$	00
DC tax, credits and paym	ents			
	00 or less, use tax tables to find the rately on same return. Comple	tax, If more, use Calculation I in Instructions. de Calculation J on Schedule S.	21	00
22 Credit for child and de	pendent care expenses	.00 X .32 Enter result :	> 22 \$.00
	part-year DC resident, from Line 5, L		0	0.0
23 Non-refundable credit	s from DC Schedule U, Part 1	la, Line 7. Attach Schedule U.	23 \$.00
		r EITC is a greater benefit. See instructions.	24 \$.00
	xemptions claimed on your fe	ederal return.	0	0.0
	redits. Add Lines 22, 23 and 24.		25	
	25 from Line 21. If Line 21 is less t		26 \$	00
	x Credit Leave blank If you took L	ine 24 DC Low Income Credit (LIC)	071 6	00
27a Enter the number of		27b Enter earned Income amount	27b	
	ing children. Enter federal i			00
		ns for special calculations. Enter result >	27e	00
	rom your DC Schedule H; attach a co		28	00
	m DC Schedule U, Part 1b, L		29	.00
	ld shown on Forms W-2 and 1099.		30 5	.00
	ne tax payments and amount	**	31 \$.00
		al return if this is an amended return.	32	00
	fundable credits. Add Lines 270	d or 27e and 28–32.	33 \$	00
Refund — Complete If Line 33		Amount owed – comple	ete if Line 33 is <u>equal to or less</u> than	
34 Amount you overpaid Subtract Line 26 from Line 33	34 \$	OO 41 Tax due Subtract Line 33 from Line 26	41 \$	00
35 Amount to be applied o your 2016 estimated tax	35 \$	00 42 Contribution amount from Sched. U, Part II, Line 6	t 42 \$	00
36 Penalty See Instructions	36 %	00 43a Penalty	00	
	2210 is attached	A3h Interest	00	
37 Underpayment Interest	37	00 435 interest		00
35,36 and 37 from Line 34	es 38 S	00	45	00
39 Contribution amount	39 8	OC Fill in the oval if Form		
rom Sched. U, Part II, Line 5 Can not exceed refund amt. on Line 38		44 Underpayment Inter	rest 44	00
Put additional amt. on Line 42		45 Iotal amount due	45 %	00
10 Net refund Subtract	40 8	001	wallen March	
		wed go to or come from an account outside the program limitations, see instructions or visit		See instructions.

Returns Processing Administration

D-2210 Underpayment of Estimated Income Tax By Individuals

1	Government of the District of Columbia 2015 D-2210 Underpay Income T	ax By In	dividuals			
	IMPORTANT: Please read the instructions on	the reve	rse befoi	e completi	ng this form.	
	Your First name, M.I., Last name		SSN			
	Spouse's/domestic partner's First name, M.I., Last name		Spousa's Ho	nestic partner's S	SN SN	
	spouse spormestic partner's First name, M.I., Last name		apouse stoo	nestic pertiners o	are	
			Daytime tele	phone number		
	A. Your tax liability on taxable income after deduct applicable credits is less than \$100, or B. You made periodic estimated tax payments and is equal to or more than 110% of your last year taxes. Note: You must have been a 12-month D 110% exception.	ing your had am 's taxes	District of ounts with or is at le	f Columbia hheld as re ast 90% of	withholding t quired and the f your current	ax and e total year's
	Computation of Underpayn	nent Inte	rest			
1 2 3 4	2015 DC Tax Liability "total tax" from your DC Individual Income Multiply the amount on Line 1 by 90% (.90) 2014 DC Tax Liability "total tax" from your DC Individual Income Minimum withholding and estimated tax payment required for tax (lesser of Line 2 and 3).	Tax Retu	ırn x 1109	\$ \$ 6. \$ \$		
5	Multiply Line 4 amount by 25% (.25) for amount required for ea	ch period	ic paymen	t \$		
	Note- If your Income was not evenly divided over 4 periods, see Instructions on reverse of this form on the "Annualized Income" method.	the		Due da	te of Payments	
		1st Per		2nd Period	3rd Period	4th Period
6	Enter Line 5 amount or the annualized income amount in each period (The 2^{nd} period includes the 1^{st} period amount, 3^{nd} period includes the 1^{st} and 2^{nd} period amounts, the 4^{th} period includes all period amounts).	04/15/	15	06/15/15	09/15/15	01/15/16
Ch	eck here if you are using the "Annualized Income" method.					
7	DC withholding and estimated tax paid each period (The 2 nd period includes the 1 st period amount, 3 nd period includes the 1 st and 2 nd period amounts, the 4 th period includes all period amounts).					
8	Underpayment each period (Line 6 minus Line 7)					
9	Underpayment interest factors	.0175		.0265	.0351	.0259
10	Line 8 multiplied by Line 9					
11			Pay thi	s amount	\$	
	Make check or money order p	ayable to:	DC Treasur	er		

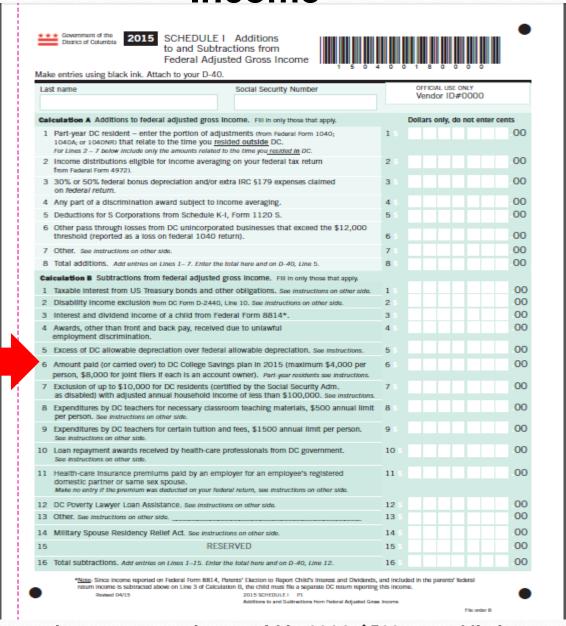
Form D-2210 has been updated to change "Penalty" to "Underpayment interest".

Schedule H- Homeowner and Renter Property Tax Credit

** Government of the 2015 SCH	IEDULE H Homeowner	
District of Columbia	Renter Property Tax Credit	
rint in CAPITAL letters using black ink.		1 5 9 9 8 0 1 1 0 0 0 0
Personal information Your daystme telephone number		OFFICIAL USE ONLY Vendor ID#0000
Your social security number (SSN)	Spouse's/registered domestic partner's SSN	
Your first name	M.L. Last name	
Tour Hist Harne	M.I. Last lialife	
Spouse's/registered domestic partner's first name	M.I. Last name	
Mailing address (number, street and suite/apartmen	it number if applicable)	
dry	S	State Zip Code +4
Address of DC property (number, street and suite/a	partment number if applicable) for which you are claim	ning the credit if different from above
pe of property for which you are claiming the cred	dit. Fill in only one: House Apartment	t Rooming house Condominium
Complete Section A or Section B, wh	ichever applies. • Do not claim this credit	for an exempt property owned by a government,
a house of worship or a non-profit organ	nization	Round cents to the nearest dollar.
Section A Credit claim based on rent		If the amount is zero or less, <u>leave the line blank</u> .
Federal adjusted gross income of the tax	filing unit From Line 32, on page 2 (see instruction	ions) 1 S
Money from other sources used to pay	rent not included in AGI:	
a. Source	.00	
b. Source	\$.00	
Rent paid on the property in 2015	9 00	x.20 = 3 \$
Land and Property and		
Proposition and the state of the state of		
		4 \$
Property tax credit. Use the "Computing You Rent supplements received in 2015 by		4 \$

New Line, Section A, Line 2: Report money from other sources used to pay rent not included in AGI has been added to the Schedule H. Taxpayers can now list the source and amount of the other income. Money reported on this line is not used to calculate the amount of the credit, but to assist OTR in determining the reasonableness of the claim.

Schedule I- Additions to and **Subtractions from Federal Gross** Income



Long-term care insurance premiums paid in 2014, \$500 annual limit per person (formerly Line 6 of the D-40, Schedule I, Calculation B Subtractions from federal adjusted gross income) has been repealed. Line 6 of the D-40 Schedule I, Calculation B Subtractions is now "Amount paid or carried over to DC College Savings Plan"

21

Schedule N-DC Non-Custodial Parent EITC Claim

Important: Print In CAPITAL lette Attach to Schedule U	. File Schedules N and U with your D-40.	Vendor ID#0000	
First name of non-custodial pare	nt M.I. Last nam	2	
			ш
Address (number, street and suite	e/apartment number if applicable)		
City	51	tate Zip Code + 4	
City	SI SI	ate Zip Code + 4	
Social Security Number (SSN)	Date of birth (MMDDYYYY)		
Even if you are not eligible to cla	Im the Federal carried income credit you in	ey be able to claim the DC Earned Income Tax C	redit.
		determine your eligibility to file Schedule N.	
You may claim the DC Non-Cust	odial Parent EITC only If you can answer " <u>Yo</u>	se" to the following questions.	
		YES N	0
1 Is your Federal Adjusted Gross	Income for 2015 less than:	<u> </u>	
one qualifying child is \$39.13	1 (\$44,651 married filing jointly)		
two qualifying children \$44,4	54 (\$49,974 married filing jointly) en is \$47,747 (\$53,267 married filing joint	ty)	
two qualifying children \$44,44 three or more qualifying childr	54 (\$49,974 married filing jointly) en is \$47,747 (\$53,267 married filing joint	ily)	
two qualifying children \$44,4 three or core qualifying childr 2 Were you a DC resident taxpay	54 (\$49,974 married filling jointly) en is \$47,747 (\$53,267 married filling joint yer during the year?	ty)	
two qualifying children \$44,4 three or core qualifying childr 2 Were you a DC resident taxpay	54 (\$49,974 married filing jointly) en is \$47,747 (\$53,267 married filing joint	ity)	
two qualifying children \$44,4 three or more qualifying childre 2 Were you a DC resident taxpa 3 Were you between the ages of	54 (\$49,974 married filling jointly) en is \$47,747 (\$53,267 married filling joint yer during the year?	ty)	
two qualifying children \$44,4 three by core qualifying children Were you a DC resident taxpa Were you between the ages of Are you a parent of a minor ch	54 (\$49,974 married filling jointly) en is \$47,747 (\$53,267 married filling joint /er during the year? 18 and 30 as of December 31, 2015?		
two qualifying children \$44,44 three or more qualifying children Were you a DC resident taxpa Were you between the ages of Are you a parent of a minor ch Are you under a court order re	54 (\$49,974 married filling jointly) en is \$47,747 (\$53,267 married filling joint yer during the year? 18 and 30 as of December 31, 2015? silld(ren) with whom you do not reside?		
two qualifying children \$44,4i three or more qualifying children Were you a DC resident taxpa Were you between the ages of Are you a parent of a minor ch Are you under a court order re Was the effective date of the ch	54 (\$49,974 married filling jointly) en is \$47,747 (\$53,267 married filling joint per during the year? 18 and 30 as of December 31, 2015? sild(ren) with whom you do not reside? quiring you to make child support payments	? 0/2015?	
two qualifying children \$44,44 three or more qualifying children Were you a DC resident taxpa Were you between the ages of Are you a parent of a minor ch Are you under a court order re Was the effective date of the co Did you make child support po	54 (\$49,974 married filling jointly) en is \$47,747 (\$53,267 married filling joint per during the year? 18 and 30 as of December 31, 2015? alid(ren) with whom you do not reside? quiring you to make child support payments thild support payment order on or before 6/3	? O/2015? Support collection unit?	
two qualifying children \$44,4i three or more qualifying childre Were you a DC resident taxpa Were you between the ages of Are you a parent of a minor of Are you under a court order re Was the effective date of the of Did you make child support po B Did you pay all of the court or	54 (\$49,974 married filling jointly) en is \$47,747 (\$53,267 married filling joint yer during the year? 18 and 30 as of December 31, 2015? silld(ren) with whom you do not reside? quiring you to make child support payments thild support payment order on or before 6/3 syment(s) through a government sponsored s	? O/2015? support collection unit? ber 31, 2015?	
two qualifying children \$44,4i three or soore qualifying children Were you a DC resident taxpa; Were you between the ages of Are you a parent of a minor ch Are you under a court order re Was the effective date of the co Did you make child support po Build you pay all of the court or	54 (\$49,974 married filling jointly) en is \$47,747 (\$53,267 married filling jointly) en is \$47,747 (\$53,267 married filling jointly) er during the year? 18 and 30 as of December 31, 2015? alid(ren) with whom you do not reside? quiring you to make child support payments thild support payment order on or before 6/3 ayment(s) through a government sponsored sidered child support due for 2015 by December 1	? O/2015? support collection unit? ber 31, 2015?	
two qualifying children \$44,4i three or soore qualifying children Were you a DC resident taxpa; Were you between the ages of Are you a parent of a minor ch Are you under a court order re Was the effective date of the co Did you make child support po Build you pay all of the court or	54 (\$49,974 married filling jointly) en is \$47,747 (\$53,267 married filling joint per turing the year? 18 and 30 as of December 31, 2015? alid(ren) with whom you do not reside? quiring you to make child support payments thild support payment order on or before 6/3 ayment(s) through a government sponsored sidered child support due for 2015 by Decemi ve questions, you may claim the DC Non-Cu	? O/2015? support collection unit? ber 31, 2015?	
two qualifying children \$44,4i three or soore qualifying children Were you a DC resident taxpa; Were you between the ages of Are you a parent of a minor ch Are you under a court order re Was the effective date of the co Did you make child support po Build you pay all of the court or	54 (\$49,974 married filling jointly) en is \$47,747 (\$53,267 married filling joint per turing the year? 18 and 30 as of December 31, 2015? alid(ren) with whom you do not reside? quiring you to make child support payments thild support payment order on or before 6/3 ayment(s) through a government sponsored sidered child support due for 2015 by Decemi ve questions, you may claim the DC Non-Cu	? O/2015? support collection unit? ber 31, 2015?	
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two qualifying children \$44,4i three by spore qualifying children Were you a DC resident taxpa; Were you between the ages of Are you a parent of a minor of Are you under a court order re Was the effective date of the of Did you make child support po Bid you pay all of the court or If you answered "Yes" to the abor	54 (\$49,974 married filling jointly) en is \$47,747 (\$53,267 married filling joint per turing the year? 18 and 30 as of December 31, 2015? alid(ren) with whom you do not reside? quiring you to make child support payments thild support payment order on or before 6/3 ayment(s) through a government sponsored sidered child support due for 2015 by Decemi ve questions, you may claim the DC Non-Cu	? O/2015? support collection unit? ber 31, 2015?	
two qualifying children \$44,4i three by soore qualifying children Were you a DC resident taxpa; Were you between the ages of Are you a parent of a minor of Are you under a court order re Was the effective date of the of Did you make child support po Bid you pay all of the court or If you answered "Yes" to the abor	54 (\$49,974 married filling jointly) en is \$47,747 (\$53,267 married filling joint per turing the year? 18 and 30 as of December 31, 2015? alid(ren) with whom you do not reside? quiring you to make child support payments thild support payment order on or before 6/3 ayment(s) through a government sponsored sidered child support due for 2015 by Decemi ve questions, you may claim the DC Non-Cu	? O/2015? support collection unit? ber 31, 2015?	

Based on federal updates the 2015 EITC income limits and maximum credit amounts have increased.

D-40B Nonresident Request for Refund

D-40B Nonresident Request for Refund

Review categories 1 - 2 below and attach your withholding statements.	
Commuter/Domiciliary State Exemption: I declare that during the taxable year shown from my place of residence to work in the District of Columbia (DC) or I was a domic and my only income from sources within DC was from wages and salaries, which are state abbreviation for your domiciliary or legal state of residency). I did not maintain a	iliary or legal resident of the state listed e subject to taxation by (enter the 2 letter
than 183 days. (see instructions). DC tax was erroneously withheld from salary and	wages paid to me by my employer.
Military spouse exemption: If your non-resident military spouse was in the armed se resident, enter the state of domicile declared on DD Form 2058.	ervices during 2015, and you are not a DC
3. List the type and location of any DC real property you own.	
Type of property	
Address (number, street and suite/apartment number if applicable)	
Type of property	
Refund request	Round cents to nearest dollar. If amount is zero, leave line blank.
Refund request 1. DC income tax withheld Attach copies of your withholding statements.	Round cents to nearest dollar, if amount is zero, leave line blank.
DC income tax withheld <u>Attach</u> copies of your withholding statements.	1 \$.00
DC income tax withheld <u>Attach</u> copies of your withholding statements. 2015 DC estimated income tax payments	1 \$
DC income tax withheld <u>Attach</u> copies of your withholding statements. 2015 DC estimated income tax payments Refund request Add Lines 1 and 2.	1 \$.00 2 \$.00 3 \$.00
DC income tax withheld Attach copies of your withhelding statements. 2. 2015 DC estimated income tax payments Refund request Add Lines 1 and 2. Will the refund go to an account outside the US? Yes No See instructions. Refund Options: For information on the tax refund card and program limitations, see instructions of Mark one refund choice: Direct Deposit Tax Refund Card Paper Check	1 \$.00 2 \$.00 3 \$.00
1. DC income tax withheld Attach copies of your withhelding statements. 2. 2015 DC estimated income tax payments 3. Refund request Add Lines 1 and 2. Will the refund go to an account outside the US? Yes No See instructions. Refund Options: For information on the tax refund card and program limitations, see instructions of Mark one refund choice: Direct Deposit Tax Refund Card Paper Check Direct Deposit If you want your refund deposited in your bank account, fill in type of account check number below.	1 \$
1. DC income tax withheld Attach copies of your withhelding statements. 2. 2015 DC estimated income tax payments 3. Refund request Add Lines 1 and 2. Will the refund go to an account outside the US? Yes No See instructions. Refund Options: For information on the tax refund card and program limitations, see instructions of Mark one refund choice: Direct Deposit Tax Refund Card Paper Check Direct Deposit If you want your refund deposited in your bank account, fill in type of account check number below. Routing Number Account Number	1 \$

■ STAPLE W-2s AND OTHER WITHHOLDING STATEMENTS HERE ■

The D-40B has been streamlined and reduced from two pages to one. Certain fields/criteria, such as "total gross income", "DC gross income", "employment history", " state where you last voted", states where you resided during the last three years," etc., are no longer required.

District of Columbia Tax Refund Visa® Prepaid Card and Refund Options

- There are three options on 2015 returns for receiving individual income tax refunds direct deposit, a tax refund card, or paper check. All individual income tax returns require that an option be selected. If you do not select an option, you will receive a paper check. Refunds under \$2 or greater than \$4,000 do not qualify for the tax refund card and will be issued by check.
- All new direct deposit requests (taxpayers requesting a direct deposit for the first time) will receive a paper check.

Individual MeF Program



QUESTIONS pertaining to the Modernized e-File (MeF) Program or Fillable Forms

Mizuki Bridges (202) 442-6279 mizuki.bridges@dc.gov

Individual Income Tax



QUESTIONS pertaining to our Individual Income tax forms (both paper and substitute versions)

Paulette Gooden
(202) 442-6262

Paulette.gooden@dc.gov

*OR*Darlene Parks
(202) 442-6919

Darlene.parks@dc.gov

QUESTIONS pertaining to our Individual Income Schedule H tax Forms (specifically concerning "Tax Filing Unit") Norman Evans (202) 442-6392 Norman.evans@dc.gov

Business TaxSales and Use

Reminders-

Effective October 1, 2014, the following were added to the 5.75% sales and use tax rate:

- The sale by a bottled water delivery service of bottled water by the gallon generally for use with and to be dispensed from a water cooler or similar type of water dispenser;
- The sale of or charge for the service of the storage of household goods through renting or leasing space for selfstorage, including rooms, compartments, lockers, containers, or outdoor space, except general merchandise warehousing and storage and coin-operated lockers;
- The sale of or charge for the service of carpet and upholstery cleaning, including the cleaning or dyeing of used rugs, carpets, or upholstery, or for rug repair;

- The sale of or charge for the service of a bowling alley or a billiard parlor:
- "Billiard parlor" means the structure where the game of striking balls on a cloth-covered table with a cue stick for amusement and recreation takes place, including a billiard room, pool room and pool parlor.
- "Bowling alley " means a structure where the game of rolling a ball down a wooden alley to knock down pins for amusement and recreation takes place, including candle-pin, duck-pin, fivepin, and ten-pin bowling

- The sale of or charge for health-club services or a tanning studio:
- The term "Health-club services" includes the use of, access to, or membership to, an athletic club, fitness center, gym, recreational sports facilities featuring exercise and other active <u>physical</u> fitness conditioning or recreational sports activities including swimming, skating, or racquet sports, or other facility for the purpose of physical exercise.
- The term "health-club services" do not include the use of facilities for non-fitnessrelated purposes, including room rentals, other services or charges covered by a separate contract with the user, such as a lease or occupancy agreement.
- "Tanning studio" means a business the purpose of which is to provide individuals a man-made tan, including sun tanning salons and spray tanning salons;
- The sale of or charge for the service of car washing, including cleaning, washing, waxing, polishing, or detailing an automotive vehicle, except not for coin-operated self-service carwashes;

Tobacco products are no longer subject to the sales tax of 12% effective October 1, 2014. Accordingly, Line 7 of the FR-800 is now reserved.

	or the period Oct 1, 2014 - Sept 3		•	OFFICIAL	USE ONLY	
Taxpayer Identification	FIII III: III FEIN	ccount Number	•	Vendo	r ID#0000	
	FIII In: If SSN		Due date	FILIn	O If amended retu	m
Business name				Fill in		
			To and double			
Mailing address line 1			Tax period endin	g (MMTT)		
Mailing address line	2	City		State	Zip Code + 4	
	Sales tax licensees must file a ret	turn even if no sales were m	nade or no tax or fees	s are due.		
Column A — Description	Column B — Taxable amou				ue – multiply column B b	y tax rate, ent
Use Tax on Purchases Taxable at 5.75%	1B \$	X .0575	10	\$		
2. Gross Sales	2B S					
3. Sales Taxable at 5.75%	3B \$	X .0575	30	\$		
Sales and Purchases of Off-Premises Alcohol Taxable at 10%	48 S	X .10	40	\$		
5. Other Sales and Purchases Taxable at 10%	58 S	x .10	50	\$		
6. Salas to Parking Taxable at 18%	6B S	A -3-0	60	s S		
7. Reserved	7B G	х.	70			
			^^	, 9		
8. Sales and 1 d. house Taxable at 14.5%	88 S	X .145	80	\$		
9. Reserved	98 S	х	90	\$		
		10. Enter 2	ecelpts less 3%	\$		
		Bag Fo	able Carryout 110 e discount)	\$		
		12. Reserv	ed 120	\$		
			- 5% per month 130	s s		
			maximum of 25% t = 10% per year = 140	s s		
				9		
	Will the funds for this payment come from	(Add Li	nes 1C - 14C)		nstructions.	
Under complian of law.	declare that this return is correct, to the best					the preparer.

Tobacco products are now reported on Form FR-1000Q.

***	Government of the District of Columbia	FR-1000Q TOBACCO PRODUCTS EXCISE QUARTERLY TAX RETURN 1 6 1 0 0 0 1 1 0	
FILE	THIS RETURN FOR EACH OF THE 4 QU	JARTERS OF FISCAL YEAR 2016 (OCT 2015 - SEPT 2016) OFFICIAL	USE ONLY
Тахра	ayer Identification Number	Vendor	D# 0000
		Quarterly Reporting Period:	
		October - December	1 return
		January - March due April 21, 2016 Fill in If this is your final re	turn
		April - June due July 21, 2016 Fili In If you are a New Wh	olesaler
Busir	ness name	July - September due October 21, 2016 Fill In If you are a Retaller	
Busin	ness mailing address line #1		
Busin	ness mailing address line #2		
City		State Zip Code + 4	
City		State Esp Gode 1-4	
	TOBACCO F	PRODUCTS SUBJECT TO TAX DURING THE REPORT PERIOD	
Colu	mn A - PRODUCT TYPE	Column B - QUANTITY Column C - TAX RATE Column D - (Multiply Column E	
1.	Little Cigars	Number of Little Cigars	by oddini o
	and again		00
		\$0.145 per little cigar	00
	Roll your own (RYO) Tobacco (net weight in ounces	Wholesale Sales	
	In the space provided above, enter the	OO 67%	00
			00
	In the space provided above, enter the net weight in ounces sold.		.00
	In the space provided above, enter the net weight in ounces sold. Attach a list of RYO Tobacco and net	Sales by wholesalers and untaxed purchases	00
	In the space provided above, enter the net weight in ounces sold. Attach a list of RYO Tobacco and net weight in ounces of each product.	Sales by wholesalers and untaxed purchases by retailers/individual consumers	
	In the space provided above, enter the net weight in ounces sold. Attach a list of RYO Tobacco and net weight in ounces of each product.	Sales by wholesalers and untaxed purchases	00
3.	In the space provided above, enter the net weight in ounces sold. Attach a list of RYO Tobacco and net weight in ounces of each product.	Sales by wholesalers and untaxed purchases by retailers/individual consumers	
3.	In the space provided above, enter the net weight in ounces sold. Attach a list of RYO Tobacco and net weight in ounces of each product. Vapor Products	Sales by wholesalers and untaxed purchases by retailers/individual consumers OO 67%	
3.	In the space provided above, enter the net weight in ounces sold. Attach a list of RYO Tobacco and net weight in ounces of each product. Vapor Products All other tobacco products	Sales by wholesalers and untaxed purchases by retailers/individual consumers OO 67% Wholesale Sales OO 67%	00
3. 4. <i>4</i> . 5.	In the space provided above, enter the net weight in ounces sold. Attach a list of RYO Tobacco and net weight in ounces of each product. Vapor Products All other tobacco products DC Tax Due (Add Lines 1 - 4 in Columns	Sales by wholesalers and untaxed purchases by retailers/individual consumers OO 67% Wholesale Sales OO 67%	00
3. 1 4. 4 5. 6.	In the space provided above, enter the net weight in ounces sold. Attach a list of RYO Tobacco and net weight in ounces of each product. Vapor Products All other tobacco products DC Tax Due (Add Lines 1 - 4 in Column Penalty - 5% per month with a maximum	Sales by wholesalers and untaxed purchases by retailers/individual consumers OO 67% Wholesale Sales OO 67% mn D)	00
3. 4. 5. 6. 7.	In the space provided above, enter the net weight in ounces sold. Attach a list of RYO Tobacco and net weight in ounces of each product. Vapor Products All other tobacco products DC Tax Due (Add Lines 1 - 4 in Column Penalty - 5% per month with a maximum Interest - 10% per year (see Instructions)	Sales by wholesalers and untaxed purchases by retailers/individual consumers OO 67% Wholesale Sales OO 67% mn D)	00 00 00
3. 4. 5. 6. 7. 8.	In the space provided above, enter the net weight in ounces sold. Attach a list of RYO Tobacco and net weight in ounces of each product. Vapor Products All other tobacco products DC Tax Due (Add Lines 1 - 4 in Column Penalty - 5% per month with a maximum Interest - 10% per year (see Instructions) Total DC Tax Due (Add Lines 5, 6 and	Sales by wholesalers and untaxed purchases by retailers/individual consumers OO 67% Wholesale Sales OO 67% mn D)	00

Business TaxUnincorporated and Corporation

D-20 & D-30- Franchise Tax (Page 2)

ах	payer	Name:				
ed	eral E	Employer I.D. Number:		ŲW	5 0 2 0 0 1 2 0 0 0 0	
S					ENTER DOLLAR AMOUNTS ONLY	
	23	Pension, profit-sharing plans.	Fill in if minus:	23	\$	00
EDUCI	24	Other deductions. Attach statement.		24	\$	00
핌	25	Total deductions. Add Lines 11–24.		25	\$	00
	26	Net income. Line 10 minus Line 25.	Fill in if minus:	26	\$	00
	27	Net operating loss deduction. (For years before 2000.)		27	\$	00
	28	Net income after net operating loss deduction. Line 26 minus Line 27.	Fill in if minus:	28	\$	00
	29	(a) Non-business income/state adjustment. Attach statement	: Fill in if minus:	29a	a\$	0
		(b) Expense related to non-business income. Attach statem	ent.	29b	b\$	0
u		(c) 29(a) minus 29(b).	Fill in if minus:	29c	c\$	0
AXABLE INCOME	30	Net income subject to apportionment. Line 28 minus Line 29(c).	Fill in if minus:	30	\$	0
<u>=</u>	31	DC apportionment factor from Form D-20, Schedule F, col. 3, L	Ine 6.	31		
WABL	32	Net income from trade or business apportioned to DC. Line 30 amount multiplied by Line 31 factor	Fill in if minus:	32	\$	0
=	33	Other income/deductions attributable to DC. Attach statement.	Fill in if minus:	33	\$	0
	34	Total taxable income before apportioned NOL deduction. Line 32 plus or minus Line 33.	Fill in if minus:	34	\$	0
	35	Apportioned NOL deduction. (Losses occurring In year 2000 a	and later.)	35	\$	0
	36	Total DC taxable income. Line 34 minus Line 35.	Fill in if minus:	36	\$	0
	37	Tax 9.4% of Line 36		37	\$	0
	38	Minus nonrefundable credits from Schedule UB, Line 8	1	38	\$	0
20	39	Total DC gross receipts from Line '4' MTLGR Worksheet			.00	
2	40	Net tax. Line 37 minus Line 38. The minimum tax is \$250 if D are \$1M or less or \$1,000 if DC gross receipts are greater than		40	\$	00

For TYBA 12/31/2014, Corporations and Unincorporated businesses will be taxed at a rate of 9.4% instead of 9.975%.

37 Tax 9.4% of Line 36

	r Name: Employer I.D. Number:					
	Employer I.D. Humber.			1 3 0 2 0	ENTER DOLLAR AMOUNTS ONLY	
23	Pension, profit-sharing plans	Fill in if minus:		23 \$		00
3 24	Other deductions (attach statement)			24 \$		00
25	Total deductions Add Lines 11–24.			25 \$		00
26	Net income Line 10 minus Line 25.	Fill in if minus:		26 \$		00
27	Net operating loss deduction for years before 2000			27 \$		00
28	Net income after net operating loss deduction Line 26 minus Line 27	Fill in if minus:		28 \$		00
29	(a) Non-business income/state adjustment (attach statement)	Fill in if minus:		29a\$		00
	(b) Expense related to non-business income (attach statems	ant)		29b		00
_	(c) 29(a) minus 29(b)	Fill in if minus:		29c§		00
	Net income subject to apportionment Line 28 minus Line 29(c)	Fill in if minus:		30 \$.00
31	DC apportionment factor from Form D-20, Schedule F, col. 3, LI	Ine 5		31		
31 32 32	Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor	Fill in if minus:		32 \$		0
-	Other income/deductions attributable to DC (for Combined Reporting filers) (attach statement - see Instructions)	Fill in if minus:		33 \$		0
34	Total taxable income before apportioned NOL deduction Line 32 plus or minus Line 33	Fill in if minus:		34 \$		0
35	Apportioned NOL deduction (Losses occurring in year 2000 ar	nd later)		35 \$		0
36	Total DC taxable income, Line 34 minus Line 35	Fill in if minus:		36 \$.00
37	Tax 9.4% of Line 36			37 \$.00
38	Minus nonrefundable credits from Schedule UB, Line 8	1		38 \$		0
2 39	Total DC gross receipts from Line '4' MTLGR Worksheet				00	
40	Total DC gross receipts from Line '4' MTLGR Worksheet Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DI are \$1M or less or \$1,000 if DC gross receipts are greater than \$			40 \$.00
41	Payments and refundable credits: (a) Tax paid, if any, with request for an extension of timpaid with original return if this is an amended return			41a \$		00
	(b) 2015 estimated franchise tax payments			41b\$.00
	(c) Refundable credits from Schedule UB, Line 11			41cS		00
	Add lines 41(a), 41(b) and 41(c).			42 \$.00
₹ 43	Tax due. If Line 40 amount is larger, subtract Line 42 from Line 40. Will this payment come from an account outside the U.S.? Yes	No See Instru	ctions.	43 \$		0
44	Overpayment. If Line 42 amount is larger, subtract Line 40 from L	Ine 42.		44 \$		0
	Amount you want to apply to your 2016 estimated fram	nchise tax		45 \$.0
46	Amount to be refunded. Line 44 minus Line 45.	No See Instructio	ne	46 \$		0
	Estimated tax interest (Fig. n oval if D-2220 attached)	TO See Instruction	na.	40	00	U

'Underpayment Penalty' is now 'Estimated tax interest'

	IMPORTANT: Please read the instructions on the reve	rse before c	ompleting t	his form	
Busi	ness Name (from your D-20 or D-30 return)	Federal Emplo	yer identification N	Number (FEIN)	
					or
Pers	on to contact If there are questions	Social Security	Number (SSN)		
		Daytime telepi	hone number		
You last	No underpayment interest s due and this rax liability on taxable income after deducting DC applicable credit have made the required periodic DC estimated franchise tax paym year's taxes or 90% of the current year's taxes. Note: In order to us C franchise tax return last year and you must have been in business	s and estimatents and the ethe prior ye	ted tax paymototal is equa ar 110% exc	ents is less to I to or more eption, you r	nan \$1001 than 1109
	Computation of Underp	ayment Inte	rest		
1	2015 DC franchise tax liability from Forms D-20, or D-30.		\$		
2	Multiply the amount on Line 1 by 90% (.90).		\$		
3	2014 DC franchise tax liability from Forms D-20, or D-30 X 1109	%.	\$		
5	Minimum estimated tax requirement for tax year 2015 (lesser of L Multiply the amount on Line 4 by 25% (.25). Note: If your income was not evenly received over 4 periods, see instructions on reverse of this form on the "Annualized Income" method.		\$). \$ \$		
			Due date o	of Payments	
	e dates shown are for calendar year; for fiscal year, use the 15th day of the 4th, 9th and 12th months after the end of the fiscal year.	1*Period 04/15/15	2 nd Period 06/15/15	3rd Period 09/15/15	4th Period 12/15/15
	•	04/10/10	00/10/10	03/10/10	12/13/13
b	Enter the amount from Line 5 or the annualized amount in each period (the 2 nd period includes the 1 st period amount, 3 nd period includes the 1 st and 2 nd period amounts, the 4 th period includes all period amounts).				
Ĭ	Check here if you are using the "Annualized Income" method.				
	DC estimated taxes paid each period (the 2nd period includes the				
7	1 st period amount, 3 st period includes 1 st and 2 st period amounts, the 4 th period includes all period amounts).				
7					
7	4 th period includes all period amounts).	.0175	.0265	.0262	.0348

Form D-2220 has been updated to change "Penalty" to "Underpayment interest".

Schedule F- Franchise Tax (Page 2)

Schedule F - DC apportionm	ent factor (See Instructions.)					- 1 7	_	
	If an amount is zero, leave the line	blan	ık.			Carry	all 1	factors to six decimal places
For all corporations other than fin	ancial Institutions:		Column 1 TOTAL		Column 2 in D			Column 3 Factor
SALES FACTOR: All gross receipts from non-but	lpts of the corporation other usiness income.	\$		00	s	00)	(Column 2 divided by Column
For Financial Institutions:								
 SALES FACTOR: All gross receipts from non-but 	pts of the financial institution other islness income.	\$		00	s	00	0	
 PAYROLL FACTOR: Total comp financial institution. 	pensation paid or accrued by the	\$		00	s	.00	0	
4. SUM OF FACTORS: (For Finan	icial Institutions add Lines 2 and 3)	\$.00	s	.00	0	
1	9	che	dule 1 - Combined Repo	t Tax				
Tax Due	Tax Due	Т	Tax Due		Tax Due			Tax Due
Tax Due Combined Group Report			Tax Due Total Before Eliminations		Tax Due Designated Agent			Tax Due Member 1
	Tax Due							
Combined Group Report Tax Due	Tax Due Intercompany Eliminations Tax Due		Total Before Eliminations Tax Due		Designated Agent Tax Due			
Combined Group Report Tax Due	Tax Due Intercompany Eliminations Tax Due Member 3		Total Before Eliminations Tax Due	Taxabl	Designated Agent Tax Due Member 5	Er		
Combined Group Report Tax Due Member 2	Tax Due Intercompany Eliminations Tax Due Member 3		Total Before Eliminations Tax Due Member 4		Designated Agent Tax Due Member 5	Er (A) Amou	nd	Member 1
Tax Due Member 2 Schedule G - Balance Sheets 1. Cash	Tax Due Intercompany Eliminations Tax Due Member 3		Total Before Eliminations Tax Due Member 4 Beginning of		Designated Agent Tax Due Member 5		nd	Member 1 of Taxable Year
Combined Group Report Tax Due Member 2 Schedule G - Balance Sheets 1. Cash	Tax Due Intercompany Eliminations Tax Due Member 3		Total Before Eliminations Tax Due Member 4 Beginning of		Designated Agent Tax Due Member 5		nd	Member 1 of Taxable Year
Combined Group Report Tax Due Member 2 Schedule G - Balance Sheets 1. Cash	Tax Due Intercompany Eliminations Tax Due Member 3 s recelvable		Total Before Eliminations Tax Due Member 4 Beginning of		Designated Agent Tax Due Member 5		nd	Member 1 of Taxable Year
Combined Group Report Tax Due Member 2 Schedule G - Balance Sheets 1. Cash	Tax Due Intercompany Eliminations Tax Due Member 3 s recelvable		Total Before Eliminations Tax Due Member 4 Beginning of		Designated Agent Tax Due Member 5		nd	Member 1 of Taxable Year

For TYBA 12/31/2014, all corporations and unincorporated businesses other than financial institutions will apportion business income using a single sales factor only. Financial Institutions will apportion business income using the sales factor and the payroll factor.

Business Tax Estate Tax

Estate Tax Returns are required to have a Federal Employer Identification Number (FEIN)

The District will no longer accept social security numbers in the place of a FEIN.

Government of the District of Columbia D-76 DC Estate Tax Return FOR ESTATES OF INDIVIDUALS WHO DIED ON JANUARY 1, 2013 OR AFTER		•
Attach a copy of the last will and testament, FIII In type of return: Resident	FFICIAL USE ONLY VENDOR ID#0000 Nonresident Alien Amended retur Did decedent die testate?	m
Estate's Federal Employer ID Number Sete of Death (MMDDYYYY) Social Security Num		YY)
Nutra of (First) M.I. (Last)		
Address of Decedent at date of death (number, street and suite/apartment number if applicable)		
City	Zlp Code +4	
Location of Probate Court Case N	Number	
Name of Personal Representative	SSN of Personal Representative	
Transition of tendente representative		
Address of Personal Representative (number, street and suite/apartment number if applicable)	Telephone Number of Personal Representative	VQ.
City State	Zip Code +4	
Estate	Round cents to nearest dollar. If amount is zero, leave line bla	ınk.
 Gross value of property located in the District of Columbia (from Computation Worksheet, Line 10) 	1\$.0	00
2 Total gross estate (from page 2, Line 13)	2 \$	00
3 Total allowable deduction (from page 2, Line 24)	3 \$ 0.0	00
4 Tentative taxable estate (Line 2 minus Line 3) See Estate Tax Computation Worksheet	4 \$ 0	00
5 DC estate tax due (from Computation Worksheet, either Line 9 or Line 13, as applicable)	5 8	00
6 Payment with extension. Enter date paid (MMDDYYYY)		00
7 Overpayment (if Line 6 is greater than Line 5)		
Will the refund request go to an account outside of the US? See instructions Yes No	7 \$	00
8 Balance due (if Line 5 is greater than Line 6) Will the refund request go to an account outside of the US? See instructions Yes No	8 \$	00
9 Penalty: 5% per month or a fraction thereof (maximum 25%)	9.5	00
10 Interest: From to		00
11 Total tax, penalty and interest (add Lines 8, 9 and 10)		00
Refund Options	110	
Fill in one refund choice: Direct Deposit Paper Check		
Direct Deposit To have your refund deposited into your bank account, fill in type of account checkin number below.	g savings and enter the routing number and account	
Routing Number Account Number		
Signature I swear under penalty of law, that I (we) have examined all assets and documents of this es and to the best of my (our) knowledge, information and belief, all statements made herein are true, correct		
B	7	

Business Tax Paper Forms Approval contact information

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QUESTIONS

